

## City of Milwaukee Department of Neighborhood Services

## **Home Occupation Statement Owner's Consent Form**

Property Address:		-		
Unit Number:				
Tenant's Name:				
Tenant's Phone Number:				
Type of Home Occupation:				
As owner of the above property, I acknowledge that I am awar	re of my tenant's intentions to	o conduct a		
home occupation at the above property and hereby grant my cunderstanding that the tenant has applied for a Home Occupa		•	d	
licenses prior to conducting business at said address and that		-		
Milwaukee building and zoning requirements.				
Owner's Name:				
Owner's Address:				
Owner's Phone Number:				
Owner's Signature:	Date:			
Form must be notarized below.				
State of				
County of				
Signed or attested before me on//				
Signature of Notarial Officer (Seal, if any)				
My commission expires/				

Send completed and notarized form to:

City of Milwaukee, Department of Neighborhood Services

Attention: Gail Sylvan 841 N. Broadway RM 105 Milwaukee, WI 53202